HUMAN RESOURCES COMMITTEE MEETING

October 18, 2023
5:00pm-7:00pm

Conference Center at Highland Care Pavilion
1411 East 31st Street Oakland, CA 94602
Ronna Jojola Gonsalves, Clerk of the Board
(510) 535-7515

LOCATION:
Open Session: Telephonic/Electronic Meeting

ZOOM Meeting Link:
https://alamedahealthsystem.zoom.us/j/9361457125?pwd=aUF4anZtK01IRklVMzZvQVY5NTdOZz09

Meeting ID: 936 145 7125
Password: 20200513

One tap mobile
+14086380968,,9361457125# or
+13462487799,,9361457125#

Dial by your location
+1 408 638 0968 US (San Jose)
+1 346 248 7799 US (Houston)
+1 646 518 9805 US (New York)

Find your local number: https://alamedahealthsystem.zoom.us/u/aeojyFgeyI

MEMBERS
Kinkini Banerjee
Taft Bhuket, MD
Jet Chapman, Chair
Jennifer Esteen
HUMAN RESOURCES COMMITTEE MEETING AGENDA

SPECIAL NOTE: The governor-declared state of emergency that altered public meeting protocols during the Covid pandemic has been lifted. All Alameda Health System Board of Trustees meetings and Board of Trustees Committee meetings will be held in accordance with current Brown Act requirements. As a result, our meetings will be held via a hybrid of in person and remote access.

The public is invited to attend the meetings in person or observe and participate in the meeting via the Zoom link above.

Public Comment Instructions
If you attend the meeting in person and wish to address the Board or Committee regarding an item on the agenda or in their purview, please complete a Speaker Card available near the entrance. If you need assistance, please see the Clerk of the Board.

If you attend the meeting remotely and wish to address the Board of Trustees or Committee regarding an item on the agenda or in their purview, send an email to cob@alamedahealthsystem.org PRIOR TO THE START OF THE MEETING. Your comment will be heard at the appropriate time. During the meeting, public comment requests may be submitted to the ZOOM meeting host or the Clerk of the Board, but requests must be submitted prior to the beginning of the public speaker time for that item.

Each speaker, whether in person or remote, will be allotted between one and three minutes to speak, depending on the number of speakers present.

OPEN SESSION / ROLL CALL

PUBLIC COMMENT: Non-Agenda Items

A. ACTION: Approval of Minutes of the July 19, 2023, Human Resources Committee Meeting

   Recommendation: Motion to Approve

B. INFORMATION/DISCUSSION: HR Dashboard and Organizational Learning & Effectiveness
   Arleen Gomez, VP Human Resources
   Elizabeth Camarena, Interim Talent Manager
   Karen Skillman, HRIS Manager
C. **INFORMATION/DISCUSSION: AHS Benefits Updates & Changes**  
   Catherine Kozul, Interim Total Rewards Director  
   Shamon Blue, Total Rewards Manager

D. **INFORMATION/DISCUSSION: HealthPath**  
   Joilah James, Manager HealthPath Operations  
   Joseph Peters, Manager HealthPath Programs

E. **INFORMATION/DISCUSSION: Chief Human Resources Officer Report**  
   Lorna Jones, Chief Human Resources Officer

**TRUSTEE COMMENTS**

**ADJOURNMENT**

**ADDENDUM: ABCs of Communication**

**ADDENDUM: HR Committee Charter**

**Our Mission**  
Caring, Healing, Teaching, Serving All

**Strategic Vision**  
AHS will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

**Values**  
Compassion, Commitment, Teamwork, Excellence, Integrity, and Respect.

**Meeting Procedures**  
All items appearing on the agenda are subject to action by the Board of Trustees. Staff recommendations are subject to action and change by the Board of Trustees.

The Board of Trustees is the Policy Body of the Alameda Health System. The Board has several standing Committees where Board matters are the subject of discussion at which members of the public are urged to testify. Board procedures do not permit: 1) persons in the audience at a Committee meeting to vocally express support or opposition to statements by Board Members or by other persons testifying; 2) ringing and use of cell phones, pagers, and similar sound-producing electronic devices; 3) signs to be brought into the meeting or displayed in the room; 4) standing in the meeting room. Citizens are encouraged to testify at Committee meetings and to write letters to the Clerk of the Board or to its members, 1411 East 31st Street Oakland, CA 94602.

Members of the public are advised that all Board and Committee proceedings are recorded (audio), including comments and statements by the public in the course of the meetings. Copies of the audio recordings will be made available to the public. Copies of the agendas and supporting documents can be found here: http://www.alamedahahaetlthsystem.org/meeting-agendas-and-minutes/. By attending and participating in Board/Committee meetings, members
of the public consent to audio recording of any statements they may make during the proceedings.

Disability Access
The Meeting Rooms are wheelchair accessible. Assistive listening devices are available upon request at the Clerk of the Board's Office. To request accommodation or assistance to participate in the meeting, please contact the Clerk of the Board. Requests made at least 48 hours in advance of the meeting will help to ensure availability.

In order to accommodate persons with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to perfumes and various other chemical-based scented products. Please help us to accommodate these individuals.

The AHS Board of Trustees is committed to protecting the private health information (PHI) of our patients. We ask that speakers refrain from disclosing or discussing the PHI of others. Please also know that, should you decide to disclose your PHI, the Trustees will still likely refer your matter, to the extent it involves PHI, to the executive staff for a confidential review of the facts and for confidential handling. If you would like more information regarding the confidentiality of PHI as it relates to the Health Insurance Privacy and Accountability Act, please refer to 45CFR Section 164.101, et.seq.
A. ACTION: Approval of Minutes of the July 19, 2023, Human Resources Committee Meeting
HUMAN RESOURCES COMMITTEE MEETING

July 19, 2023
5:00pm-7:00pm

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Kinkini Banerjee
Taft Bhuket, MD Excused
Jet Chapman, Chair
Jennifer Esteen

HUMAN RESOURCES COMMITTEE MEETING MINUTES

THE MEETING WAS CALLED TO ORDER AT: 5:04pm

ROLL CALL WAS TAKEN AND THE FOLLOWING TRUSTEES WERE PRESENT: Kinkini Banerjee, Jet Chapman, and Jennifer Esteen

ABSENT: Taft Bhuket, MD, excused

A quorum was established.

PUBLIC COMMENT: Non-Agenda Items

A. ACTION: Approval of Minutes of the April 19, 2023, Human Resources Committee Meeting

Trustee Banerjee moved, Trustee Esteen seconded, approval of the April 19, 2023 Human Resources Committee Minutes.

ACTION: A motion was made and seconded to approve the minutes of the April 19, 2023 Human Resources Committee Minutes. A roll call vote was taken, and the motion passed.
AYES: Trustees Banerjee, Chapman, and Esteen
NAYS: None
ABSTENTION: None

B. INFORMATION/DISCUSSION: HR Dashboard and Organizational Learning & Effectiveness

Lorna Jones, Chief Human Resources Officer
Arleen Gomez, Interim VP Human Resources
Karen Skillman, HRIS Manager

Trustee Banerjee asked if the local outreach has helped with the hiring process and if they could see a trend in outcomes. Ms. Jones said in the last quarter their recruiters did a lot more work with external resources than previously. They were doing a lot of work online, but also going to in person job fairs and conferences. Ms. Gomez said they were developing a new nurse graduate program. They were looking at apprenticeship programs as well.

Trustee Esteen asked if they could get a more detailed breakdown of the worker’s comp injuries. Mr. Fratzke said they did have that information and could provide a breakdown of all the categories.

Trustee Chapman asked if the Safe Patient Handling Program also included the purchase of equipment to help lift or turn patients. Mr. Fratzke said that has come up. And they could talk more about it.

Trustee Esteen asked if there had been any changes to the reasons for employee separations. Ms. Skillman said the top reasons have been resignations and they were gleaning information on the reasons behind that from the exit interviews. But they also saw 34 people released this quarter due to non-compliance, which seemed a bit higher.

Trustee Chapman said the exit interview rate was only 45% and asked how they could increase that number. Ms. Skillman said it was voluntary. The Work Institute made six attempts to contact employees.

Trustee Esteen asked what the plan was for when the 20% of staff who were ready to retire did retire. Ms. Skillman said that they would keep working with recruitment and identify which departments would be impacted so they could be ready.

C. INFORMATION/DISCUSSION: Strategic Plan

Arleen Gomez, Interim VP Human Resources

Trustee Banerjee asked if the space for the mentorship program and Growth Space was funded for the next year. Ms. Gomez said the mentorship program was an internal program and the Growth Space was through total rewards as a contracted external source.
Trustee Banerjee said AHMG was also planning a leadership academy and said it was important for there to be one place for this development and one fantastic academy for the physicians. Ms. Skillman said the AHMG physicians were participating in the current leadership academy. Ms. Jones said there was work underway to coordinate efforts.

Trustee Chapman asked about the recognition program. Ms. Skillman said it was a points program. Any leader could award points to anyone in the organization.

D. INFORMATION/DISCUSSION: HealthPath – A Gateway to Health Careers
   Lorna Jones, Chief Human Resources Officer

E. INFORMATION/DISCUSSION: Chief Human Resources Officer Report
   Lorna Jones, Chief Human Resources Officer

Trustee Chapman asked for clarification on the Empowering Leaders with Evidence-Based Leadership slide. Ms. Gains said that trust, accountability, and data would be threaded through all of the goals (quality of care, staff & physician experience, sustainability, and community connection).

Trustee Banerjee asked if the items on the Key Activities slide would go to the Finance Committee for contract review. Ms. Jones said that if the cost was over the threshold they would not typically go to the Finance Committee. Mr. Azizi said contracts under $1M did not need to go to the Finance Committee, but if the Board would like to see them they could. Trustee Banerjee said the Board would like to see this as it was a cultural change for the organization. Ms. Jones said they were looking more at targeted goals through the recalibration of the existing program.

Trustee Esteen asked if this was ten plans that cost $750K each. Ms. Jones said the entire plan was under a million for a year. The plan is year to year.

Trustee Banerjee encouraged staff to co-design with appropriate staff as well as the Trustees. Ms. Gains assured the Committee that they were doing just that. The first phase of implementation was about talking to key stakeholders to determine next steps.

Trustee Banerjee said she attended the volunteer event, and they were so engaged and have reached out to her. Offering mentorship was reciprocal and mutually beneficial.

TRUSTEE COMMENTS

ADJOURNMENT 6:15pm

This is to certify that the foregoing is a true and correct copy of the minutes of the Human Resources Committee meeting of July 19, 2023, as approved by the Human Resources Committee on October 19, 2023:
Ronna Jojola Gonsalves
Clerk of the Board

APPROVED AS TO FORM:

Reviewed by: __________________________
Ahmad Azizi
General Counsel
B. INFORMATION/DISCUSSION: HR Dashboard and Organizational Learning & Effectiveness
## Time to Fill

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<th>Previous Qtr/FY Q4 FY23 (Apr 1 to June 30 2023)</th>
<th>Benchmark / Source</th>
<th>Target goal</th>
<th>Strategic Alignment</th>
<th>Details</th>
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<tbody>
<tr>
<td>Days it takes to fill a position after an opening has been posted</td>
<td>56.47 days</td>
<td>66.80 days</td>
<td>51 days</td>
<td>51 days</td>
<td>Workforce Sustainability</td>
<td>We have successfully implemented new initiatives, that resulted in positive advancements toward decreasing the number of days by 10.33 days. Streamlining the onboarding process, re-training of staff made steady progress in the processing of 581 new hires during this period. Noted significant improvement from previous quarter.</td>
</tr>
</tbody>
</table>

## Time to Onboard Employees

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<th>Current Qtr/FY Q1 FY24 (Jul 1 to Sept 30 2023)</th>
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<td>Days from offer accepted to first day at work</td>
<td>21.19 days</td>
<td>21.50 days</td>
<td>19 days</td>
<td>Workforce Sustainability</td>
<td>Factors such as volume, various State and local agencies responses of 7-10 days for criminal record inquiries, posed a challenges to achieve this goal. Recommend reassessment of this goal from 19 days to 21 days.</td>
<td></td>
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## HR Dashboard

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<td>Residents of Alameda County</td>
<td>Percent of external applicants, new hires, and current employees that reside in Alameda County</td>
<td>2,749 out of 6,241 (44%)</td>
<td>2,398 out of 4,780 (50%)</td>
<td></td>
<td></td>
<td></td>
<td>Resumed attending virtual and in-person job fairs. Planning university and residency outreach.</td>
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<td>176 out of 329 (53%)</td>
<td>149 out of 281 (53%)</td>
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<td>Created partnerships with local community organizations. Formed partnership with the EDD.</td>
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<td>3,366 out of 5,587 (60%)</td>
<td>3,311 out of 5,477 (60%)</td>
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<td>Working with niche job posting sites to increase employment of local community residents at AHS.</td>
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<tr>
<td>Current Employees</td>
<td></td>
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<tr>
<td>New Hires</td>
<td>Days employees are unable to work due to a work related injury</td>
<td>3.28</td>
<td>4.04</td>
<td>3.40 avg days per fte (updated for FY23)</td>
<td>3.40 avg days per fte (updated for FY23)</td>
<td>Workforce Sustainability</td>
<td></td>
</tr>
<tr>
<td>Worker's Compensation Lost Days</td>
<td></td>
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<td></td>
<td>Despite total productive hours being similar to last Qtr., lost days fell significantly from 4.04 to 3.28. The lost day decrease is likely an indicator of AHS' ongoing efforts to provide modified duty for employee injuries along with greater awareness of WC injuries through Monthly Operational Report Meetings.</td>
</tr>
<tr>
<td># of Workers Comp Injuries</td>
<td>Number of Workers Compensation Injuries</td>
<td>56</td>
<td>78</td>
<td>65 (updated for FY23)</td>
<td>65 (updated for FY23)</td>
<td>Workforce Sustainability</td>
<td>56 injuries for Q1 is well under quarterly goal of 65 per quarter. Greater awareness of employee safety through Monthly Operational (MOR) meetings has likely contributed to lowering this #.</td>
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<td><strong>Annual Turnover - System</strong></td>
<td>Number of separations divided by Number of Employees</td>
<td>Annualized - 11.46% Quarterly - 2.86% term count = 152</td>
<td>Annualized - 10.78% Quarterly - 2.69% term count = 142</td>
<td></td>
<td>17.00 % (updated for FY23) prev value was 11.09%</td>
<td>Workforce Sustainability</td>
<td>Reviewing data on top voluntary term reasons (from exit interview data); Exit interview dashboard launched in May 2023 to provide transparency to leaders.</td>
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<td><strong>Overall - Annualized/Qtrly</strong></td>
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<td>Annualized - 25.06% Quarterly - 6.27% term count = 50</td>
<td>Annualized - 23.53% Quarterly - 5.88% term count = 48</td>
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<td>16.70%</td>
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<td>Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies.</td>
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<td><strong>First Year - Annualized/Qtrly</strong></td>
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<td>Annualized - 15.38% Quarterly - 3.85 % term count = 23</td>
<td>Annualized - 18.49% Quarterly -4.62 % term count = 27</td>
<td></td>
<td>10.78%</td>
<td></td>
<td>Top Term Reasons: Resignation (93); HR Non-Compliance (20); Disp Action (10); Failed Probation (9)</td>
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<td><strong>Second Year - Annualized/Qtrly</strong></td>
<td></td>
<td>Annualized - 14.70% Quarterly - 3.21% term count = 3</td>
<td>Annualized - 28.83% Quarterly - 7.24% term count = 16</td>
<td></td>
<td>17.00%</td>
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<td></td>
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<tr>
<td><strong>Annual Turnover - Nursing</strong></td>
<td>Number of Nursing separations divided by Number of Nursing Employees</td>
<td>Annualized - 9.82% Quarterly - 2.46% term count = 37</td>
<td>Annualized - 13.08% Quarterly - 3.27% term count = 49</td>
<td></td>
<td>14.70%</td>
<td>Financial benefit - save cost of hiring, onboarding new employees / Workforce - maintaining quality of care through consistent workforce</td>
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<td>Annualized - 8.76% Quarterly - 2.19% term count = 3</td>
<td>Annualized - 23.36% Quarterly - 5.84% term count = 8</td>
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<td>10.78%</td>
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<td>Top Term Reasons: Resignation (23); HR Non-Compliance (5); Disp Action (3); Fail Probation (2)</td>
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Quarterly turnover rates are annualized to get a projected annual rate. Quarterly turnover rate is multiplied by 4 to calculate annualized rates.
Exit Interview Dashboard

Top Reason for Leaving

No. of Interviews: 81
Avg Years Employed: 2.33

Date: 7/1/2023, 9/30/2023

Location
- Search
- ALAMEDA HOSPITAL
- EASTMONT WELLNESS
- FAIRMONT HOSPITAL
- HAYWARD WELLNESS
- HIGHLAND HOSPITAL
- JOHN GEORGE HOSPITAL

SBU Description
- Search
- SBURGUTE
- SBURMNL
- SBUIRHA
- SBUIROPTLT
- SBUIROPS

Department
- Search
- AH CENTRAL SUPPLY
- AH EMERGENCY
- AH SOCIAL WORK
- AH ADMINISTRATION
- AH ADMITTING
- AH MHW AND TCIN

Union Code
- Search
- ACA
- CNA
- CAR
- CHW
- CNW
- CM
- CPBU
- CHU

Job Rating
- Excellent: 29
- Very Good: 23
- Good: 22
- Fair: 4
- Poor: 3

Organizational Rating
- Search
- Good: 23
- Excellent: 7
- Very Good: 9
- Fair: 21
- Poor: 21

Reason for Leaving
- Work/Life Balance: 1 (7.14%)
- Career: 1 (7.14%)
- Environment: 1 (7.14%)
- Management: 2 (14.29%)
- Retirement: 2 (14.29%)
- Health and Family: 2 (14.29%)
- Total Rewards: 2 (14.29%)

Reason for Leaving - Category
- Good
- Excellent
- Very Good
- Fair
- Poor
HR Dashboards

• Currently HR has 3 Dashboards
• Created with AHS Business Intelligence Team
• Access through AHS Connects (intranet page)
• HR Division
• Click on HR Dashboards

- Diversity Dashboard – avail to all
- Turnover Dashboard – limited to Manager and above
- Exit Interview Dashboard – limited to Manager and above
HR Turnover Dashboard

System-Wide Terminations

- New Hire: 308
- Total Term: 165
- First Year Term: 63
- Second Year Term: 23
- Three Years and Above: 79

Total Term Over Head Count: 165

1st Year and 2nd Year Term by Term Year Month

Year Month | 2023 - Jul | 2023 - Aug | 2023 - Sep | Total
--- | --- | --- | --- | ---
Term | New Hire | Term | New Hire | Term | New Hire | New Hire | New Hire
ALAMEDA HOSPITAL | 11 | 9 | 7 | 10 | 3 | 19 | 21 | 38
AH CENTRAL SUPPLY | 1 | 1 | 1 | 1 | 2
AH EMERGENCY | 1 | 2 | 1 | 3 | 2
AH SOCIAL WORK | 1 | 1
AH ADMINISTRATION | 1 | 1
AH ADMITTING | 1 | 1 | 1 | 1 | 2
AH BONE AND JOINT CENTER | 1 | 1
AH CARDIOLOGY | 1 | 1
Total | 55 | 88 | 70 | 95 | 40 | 125 | 165 | 308
HR Diversity Dashboard

By AGE GROUPS

Last Refreshed Day Time
Wednesday, October 11, 2023

Total: 5,540
Female Total: 3,975
Male Total: 1,565

Select Age Group
- 19-29
- 30-39
- 40-49
- 50-59
- 70 and Over

Totals by Gender
- 19-29
  - Male: 113
  - Female: 298
- 30-39
  - Male: 408
  - Female: 1,012
- 40-49
  - Male: 425
  - Female: 1,119
- 50-59
  - Male: 59
  - Female: 382
- 60-69
  - Male: 215
  - Female: 512
- 70 and Over
- Other

Ethnicity
- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Two or more races

Location
- Alameda Hospital
- Arizona Employee
- Colorado Employee
- Eastmont Wellness
- Fairmont Hospital
- Florida Employee

Department
- Accounting Services
- Accounts Payable
- AH Care Coordination
- AH Central Supply
- AH Emergency
- AH Park Management

Percentage
- 19-29: 2.27%
- 30-39: 7.76%
- 40-49: 6.02%
- 50-59: 8.33%
- 60-69: 7.16%
- 70 and Over: 3.88%

Totals
- Asian: 125
- Black or African American: 119
- Hispanic or Latino: 128
- Two or more races: 73
- Unspecified: 48
- Hawaiian or Pacific Islander: 4
- American Indian or Alaskan Native: 4
- White: 388
- Other: 204

Please Enter as of Date
- 9/30/2023
Thank you
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<td>17.00%</td>
<td>Financial benefit - save cost of hiring; onboarding new employees / Workforce - maintaining quality of care through consistent workforce</td>
<td>Reviewing data on top voluntary term reasons (from exit interview data); launched turnover dashboard to leaders in April; Launched exit interview dashboard in May 2023 to provide transparency to leaders.</td>
</tr>
<tr>
<td>Overall - Annualized/Qtrly</td>
<td>Number of Nursing separations divided by Number of Nursing Employees</td>
<td>Annualized - 9.82% Quarterly - 2.46% term count = 37</td>
<td>Annualized - 13.08% Quarterly - 3.27% term count = 49</td>
<td></td>
<td></td>
<td></td>
<td>Sharing turnover data with AHS leadership at department meeting; conducted work group exercise to discuss turnover and retention strategies.</td>
</tr>
<tr>
<td>First Year - Annualized/Qtrly</td>
<td></td>
<td>Annualized - 28.83% Quarterly - 7.21% term count = 16</td>
<td>Annualized - 28.96% Quarterly - 7.24% term count = 15</td>
<td></td>
<td></td>
<td></td>
<td>Top Term Reasons: Resignation (23); HR Non Compliance (5); Disp Action (3); Fail Probation (2)</td>
</tr>
<tr>
<td>Second Year - Annualized/Qtrly</td>
<td></td>
<td>Annualized - 8.76% Quarterly - 2.19% term count = 3</td>
<td>Annualized - 23.36% Quarterly - 5.84% term count = 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Top Reason for Leaving

Hint: As you hover over the pie charts, navigational tools will appear in blue boxes. Utilizes the arrows to drill down through the pie charts

Job Rating

Excellent 1: 29
Very Good 2: 23
Good 3: 22

Reason for Leaving

- 1 (7.14%)
- 1 (7.14%)
- 2 (14.29%)
- 2 (14.29%)
- 2 (14.29%)
- 2 (14.29%)
- 2 (14.29%)

- Work/Life Balance
- Career
- Environment
- Management
- Retirement
- Health and Family
- Relocation
- Total Rewards

Organization Rating

Good: 23 (28.4%)
Very Good: 21 (25.93%)
Fair: 4
Poor: 3

Organization Rating - Category
- Good
- Excellent
- Very Good
- Fair
- Poor
### System-Wide Terminations

**Total Term Over Head Count**

- New Hire: 308
- Total Term: 165
- First Year Term: 63
- Second Year Term: 23
- Three Years and Above: 79

**1st Year and 2nd Year Term by Term Year Month**

**Turnover Rate**

- Percent of New Hires End Terminated: 3.13%

**Union Code**

- 

**Location**

- ALAMEDA HOSPITAL
- AMBULATORY CARE A
- ARIZONA HOSPITAL
- COLORADO HOSPITAL
- CRUSOE PLAQUA - OIB

**Education**

- ACUTE
- Ambulatory
- Behavioral MH
- Supportive
- Population MH
- Voc. MH

**Department**

- 

**Year Month**

- 2023 - Jul
- 2023 - Aug
- 2023 - Sep
- Total

<table>
<thead>
<tr>
<th>Location</th>
<th>2023 - Jul</th>
<th>2023 - Aug</th>
<th>2023 - Sep</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALAMEDA HOSPITAL</td>
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<tr>
<td>AM CENTRAL SUPPLY</td>
<td></td>
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<tr>
<td>AM EMERGENCY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM SOCIAL WORK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND ADMINISTRATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND ADMITTING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND DENTAL AND JOINT CENTER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND NURSES</td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>165</td>
<td>85</td>
<td>70</td>
<td>320</td>
</tr>
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</table>

21/63
INFORMATION/DISCUSSION: AHS Benefits Updates & Changes
AHS Benefits Update
October 2023

Topics

I. General Benefits Updates – Retirement & Whole Life Policy

II. Health & Welfare Benefits – 2024 Plan Year
   ▪ Benefits Provided
   ▪ Summary of Plan Changes
   ▪ Kaiser Cost & Plan structure
   ▪ Resources & Communication strategy

III. 2023 Health Benefits Survey – Selected Market Benchmark Data
Retirement & Whole Life Plan Updates

I. Retirement Benefits – October 2023
   - Transition from Prudential to Empower platform –
     - Beginning approx. October 19 (Quiet period – approx. 5 days)
     - Upon completion, AHS will be fully on Empower platform

II. Whole Life Policy Enhancement – October 2023
   - Grandfathered policies: Transamerica Whole Life
     - Transition to Direct Pay – effective October 1
     - Final payroll deduction contribution - Sept 29
     - Welcome communication from TransAmerica with Direct-Pay instructions
Health & Welfare Benefits
2024
AHS offers a full array of Health & Welfare benefit programs as shown.

### 2024 - Health & Welfare Benefits

- **Medical**
  - AHS Freedom of Choice PPO Plan
  - AHS Independence HSA Plan
  - Kaiser High Plan
  - Kaiser Mid Plan
  - Kaiser Low Plan (HSA)

- **Pharmacy**
  - Express Scripts
  - AHS Freedom of Choice PPO Plan
  - AHS Independence HSA Plan

- **Dental**
  - Delta Dental PPO Plan
  - Delta Dental Base PPO
  - Delta Dental HMO

- **Vision**
  - VSP PPO

- **Life/AD&D/Disability**
  - Reliance Standard
    - Basic Life / AD&D
    - Vol. Life / AD&D
    - Basic LTD
    - Buy-Up LTD
  - Chubb
    - Voluntary STD (Unrep)

- **EAP**
  - Uprise Health / Claremont

- **Tax Favored Accounts**
  - Optum Financial
    - Health Care FSA
    - Dependent Care FSA
    - Mass Transit
    - Health Savings Account (HSA)

- **Additional Benefits**
  - Critical Illness
  - Pet, Home, Auto
  - Long Term Care
  - Legal Shield
  - Torchlight
  - Bright Horizons
  - Wellness Discounts
  - GrowthSpace
  - Tuition Reimbursement
  - Employee Discount Programs

---

*This information is intended for AHS employees. Alameda Health Medical Group employees may have different coverage or a different vendor. Voluntary STD and GrowthSpace are offered to full-time unrepresented employees.*
Health & Welfare Plans -

2024 Health & Welfare Benefits Updates -

- Medical
- Dental
- Vision
- Supplemental Life
- Critical Illness
- Employee Assistance Program
Summary of Changes for 2024 – Medical Plans

- **HealthComp / Anthem Medical Plans –**
  - Self insured plans
  - No change to EE premium rates: 0% contribution rate
  - (11.2% AHS cost increase to premium equivalents)
  - *no* plan design changes
Summary of Changes for 2024 – Medical Plans, cont.

- Kaiser Medical Plans –
  - Fully insured plans
  - Low Plan - No change to EE premium rates to Low plan @ 0% EE contribution (21+ % increase to Low plan)
  - Mid plan -16.4% change to EE premium rates
  - High plan - 17.6% change to EE premium rates
  - 17.7% overall increase across all plan options

Plan changes including -
- Addition of fertility coverage to Kaiser High plan;
- High & Mid plans - Changes to deductible/OOPM; copays/co-insurance to move to better align to market *
- Low plan - Regulatory required change to deductible

* See Market Benchmark data below
2024 plan year – Coverage design changes

## AHS Benefits Update

**October 2023**

### Medical Plan

**Benefit Outline and Cost Summary**

**January 1, 2024 Renewal Date**

<table>
<thead>
<tr>
<th>Benefit Outline</th>
<th>Low</th>
<th>Mid</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrier</td>
<td>Kaiser Permanente</td>
<td>Kaiser Permanente</td>
<td>Kaiser Permanente</td>
</tr>
<tr>
<td>Plan Type, Name, Network</td>
<td>Medical HMO</td>
<td>Medical HMO</td>
<td>Medical HMO</td>
</tr>
<tr>
<td>Deductible (individual / family)</td>
<td>$1,500 / $1,000</td>
<td>$1,000 / $2,000</td>
<td>$2,500 / $5,000</td>
</tr>
<tr>
<td>Deductible Embedded / Non-Embedded</td>
<td>Embedded</td>
<td>Non-Embedded</td>
<td>N/A</td>
</tr>
<tr>
<td>Prescription Deductible (individual / family)</td>
<td>$3,000 / $6,000</td>
<td>$3,000 / $6,000</td>
<td>$3,000 / $6,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (individual / family)</td>
<td>$1,500 / $3,000</td>
<td>$1,500 / $3,000</td>
<td>$1,500 / $3,000</td>
</tr>
<tr>
<td>Prescription OOP Max (individual / family)</td>
<td>Included w/ Medical</td>
<td>Included w/ Medical</td>
<td>Included w/ Medical</td>
</tr>
<tr>
<td>Coinsurance (in / out)</td>
<td>100% / N/A</td>
<td>80% / N/A</td>
<td>100% / N/A</td>
</tr>
<tr>
<td>Wellness / Preventive Care</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$20 copay after ded</td>
<td>$10 copay after ded</td>
<td>$15 copay after ded</td>
</tr>
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<td>Specialist Office Visit</td>
<td>$20 copay after ded</td>
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<td>$15 copay after ded</td>
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<tr>
<td>Complex Imaging (MRI, CAT, PET, etc.)</td>
<td>$50 copay after ded</td>
<td>20% to $50</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Surgical Facility</td>
<td>$150 after deductible</td>
<td>80% after deductible</td>
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<tr>
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<td>$250 copay / admit after ded</td>
<td>80% after ded</td>
<td>100%</td>
</tr>
<tr>
<td>Prescription Drug Day Supply Limit (Retail / MO / Specialty)</td>
<td>30 / 100 / 30</td>
<td>100 / 100 / 30</td>
<td>100 / 100 / 30</td>
</tr>
<tr>
<td>Retail Prescription Drug Copays</td>
<td>$10 / $30 after ded</td>
<td>$30 (4wa) / $50 after Rx ded</td>
<td>$15 / $50</td>
</tr>
<tr>
<td>Mail Order Prescription Drug Copays</td>
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<td>$50 (4wa) / $50 after Rx ded</td>
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<td>$30 copay after Rx ded</td>
<td>$15 copay after ded</td>
</tr>
</tbody>
</table>
Summary of Changes for 2024, cont.

- **Delta Dental Plan** –
  - 2023 RFP was commissioned to explore larger dental network.
  - Other dental networks would have smaller (with higher cost to EEs).
  - Zero $ cost increase to plan premium equivalents
  - No change to EE premium rates (where applicable)
  - No change to plan design

- **VSP Vision Plan** –
  - Reduction of 6.8% to premium rate passed through to plan members
  - No change to plan design
**AHS Benefits Update**  
**October 2023**

**What Benefits Will Cost - Plan Year 2024**

The rates shown are effective January 1, 2024 – December 31, 2024.

AHS provides above market cost sharing for many benefits that cover employees and eligible dependents.

Employee contributions for medical plans depicted are based upon a 1.0 FTE.

Participation in benefit plans and Employee premium contribution rates may differ based on FTE%, annual pay rate, or other factors.

<table>
<thead>
<tr>
<th>Plan/Coverage Level</th>
<th>Total Bi-Weekly Cost</th>
<th>AHS Bi-Weekly Contribution</th>
<th>Employee Bi-Weekly Payroll Deduction***</th>
<th>Diff to 2023</th>
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<tbody>
<tr>
<td><strong>AHS Freedom of Choice Plan</strong></td>
<td></td>
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</tr>
<tr>
<td>Employee Only</td>
<td>$453.66</td>
<td>$453.66</td>
<td>$0.00</td>
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<tr>
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<td>Employee + 2 or more</td>
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<td><strong>Independence HDHP/HSA Plan</strong></td>
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<tr>
<td>Employee Only</td>
<td>$339.41</td>
<td>$339.41</td>
<td>$0.00</td>
<td>11.2%</td>
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<tr>
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<td>$688.43</td>
<td>$688.43</td>
<td>$0.00</td>
<td>11.2%</td>
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<td>Employee + 2 or more</td>
<td>$975.50</td>
<td>$975.50</td>
<td>$0.00</td>
<td>11.2%</td>
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<td><strong>Kaiser HMO – Low</strong></td>
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<td>$995.55</td>
<td>$995.55</td>
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<tr>
<td><strong>Kaiser HMO – Med</strong></td>
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<td></td>
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</tr>
<tr>
<td>Employee Only</td>
<td>$398.27</td>
<td>$360.36</td>
<td>$37.91</td>
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<td><strong>Kaiser HMO – High</strong></td>
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<tr>
<td>Employee Only</td>
<td>$420.50</td>
<td>$369.45</td>
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<tr>
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<td>$821.00</td>
<td>$738.90</td>
<td>$82.10</td>
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<td>Employee + 2 or more</td>
<td>$1,161.72</td>
<td>$1,045.55</td>
<td>$116.17</td>
<td>17.6% (17.7%)</td>
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<td><strong>Delta Care Dental HMO</strong></td>
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<tr>
<td>Employee Only</td>
<td>$13.33</td>
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<td>$34.55</td>
<td>$34.55</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Delta Dental Basic PPO Plan</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$18.53</td>
<td>$18.53</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$35.16</td>
<td>$35.16</td>
<td>$0.00</td>
<td>0%</td>
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<tr>
<td>Employee + 2 or more</td>
<td>$53.70</td>
<td>$53.70</td>
<td>$0.00</td>
<td>0%</td>
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<tr>
<td><strong>Delta Dental Buy-Up PPO Plan</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$29.41</td>
<td>$18.53</td>
<td>$10.88</td>
<td>0%</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$55.78</td>
<td>$35.16</td>
<td>$20.62</td>
<td>0%</td>
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<tr>
<td>Employee + 2 or more</td>
<td>$85.20</td>
<td>$53.70</td>
<td>$31.50</td>
<td>0%</td>
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<tr>
<td><strong>VSP Vision Plan</strong></td>
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<tr>
<td>Employee Only</td>
<td>$5.50</td>
<td>$0.00</td>
<td>$5.10</td>
<td>-0.8%</td>
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<td>Employee + 1</td>
<td>$10.20</td>
<td>$0.00</td>
<td>$10.20</td>
<td>-0.8%</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$16.43</td>
<td>$0.00</td>
<td>$16.43</td>
<td>-0.8%</td>
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</tbody>
</table>
Summary of Changes for 2024 – Additional Plans

- **Supplemental Life –**
  - Plan offering updated and enhanced
  - Guaranteed Issue no longer salary based

- **Critical Illness –**
  - Plan offering updated and enhanced
  - Change of Vendor to RSL

- **Employee Assistance Program –**
  - Plan offering updated and enhanced
  - Zero cost to employee; includes COBRA period
  - EAP Plus – adding in:
    - App
    - On-Line coaching
Health & Welfare Benefit Communications & Resources –

• Visibility & Transparency

• Engagement & Access

To assure maximum utilization of benefit offerings, the following informational resources are available:

- Virtual Benefits Fair *
- 2024 Benefit Vendor Webinars *
- MyBenefits2Go App *
- The Stacks – Ongoing Communication Plan *
- My Passport *
- HR Service Center *
- All Virtual Benefit Information *
- In-Person Benefit Fairs & Pop-Up Events (October 2023)
- Personalized Mailers to Employee home (October 2023)

• NOTES:
The * resources will be available through December 31, 2024.
2023 Health Benefits Survey

Selected Market Benchmark Data
AHS Benefits Update
October 2023

Note:
Additional market Peer Groups data showing West region and organizations of 1000+ employees consistent with the reported findings.

Introduction: Your Benchmark Groups

We benchmarked your plans against groupings of our other participants that we thought you would be most interested in seeing:

- Industry
  - Hospitals: 142 Participants
  - 5000+ Employees: 83 Participants
  - Self-Funded: 3,251 Participants
AHS Benefits Update
October 2023

Observation:
AHS Plans consistently exceed the Peer Group organization offerings

Plan Design Value – Plan Richness

Employees want access to at least one medical plan that covers as much or more than what they can find at an average employer in their industry or geography.

Plan design value calculations reflect the average amount of total healthcare spend covered by the plan.

It includes the benefit of employer-funded accounts, such as HSAs or HRAs which can offset out-of-pocket spend.

Goal: Offer at least one plan that’s richer than the Peer Group Average. Result: You have met or exceeded this goal; you have 5 plans that are higher than the benchmark.

Note: Plan design values may not be an exact match to estimates from USI’s Actuarial Value Calculator.
**AHS Benefits Update**

**October 2023**

**Observation:**

AHS Plan employee payroll contributions are consistently priced below the Peer Groups.
# AHS Benefits Update

October 2023

**Observation:**

AHS Plans employee payroll contributions are consistently less costly than the Peer Groups.

---

## Payroll Contributions by Plan Type

Payroll contributions are the most visible component of a medical plan. They heavily influence the employees’ perception of the benefit and can drive enrollment decisions.

### Monthly Contribution – Individual Coverage

<table>
<thead>
<tr>
<th>Traditional National Network Plans</th>
<th>Freedom of Choice Plan, $0</th>
<th>Regional or Performance Network Plans</th>
<th>Kaiser HMO</th>
<th>$39</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>$133</td>
<td>Hospitals</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>5000+ Employees</td>
<td>$150</td>
<td>5000+ Employees</td>
<td>$157</td>
<td></td>
</tr>
<tr>
<td>Self-Funded</td>
<td>$145</td>
<td>Self-Funded</td>
<td>$148</td>
<td></td>
</tr>
<tr>
<td>Regional or Performance Network Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser HMO</td>
<td>$137</td>
<td>Regional or Performance Network Plans</td>
<td>$165</td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>$20</td>
<td>Hospitals</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>5000+ Employees</td>
<td>$157</td>
<td>5000+ Employees</td>
<td>$165</td>
<td></td>
</tr>
<tr>
<td>Self-Funded</td>
<td>$148</td>
<td>Self-Funded</td>
<td>$148</td>
<td></td>
</tr>
<tr>
<td>Qualified High Deductible Health Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence HSA Plan, $0</td>
<td>$93</td>
<td>Qualified High Deductible Health Plans</td>
<td>$95</td>
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</tr>
<tr>
<td>Kaiser HMO Low Plan, $0</td>
<td>$109</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>$93</td>
<td>Hospitals</td>
<td>$109</td>
<td></td>
</tr>
<tr>
<td>5000+ Employees</td>
<td>$109</td>
<td>5000+ Employees</td>
<td>$109</td>
<td></td>
</tr>
<tr>
<td>Self-Funded</td>
<td>$109</td>
<td>Self-Funded</td>
<td>$109</td>
<td></td>
</tr>
</tbody>
</table>

### Monthly Contribution – Family Coverage

<table>
<thead>
<tr>
<th>Traditional National Network Plans</th>
<th>Freedom of Choice Plan, $0</th>
<th>Regional or Performance Network Plans</th>
<th>Kaiser HMO</th>
<th>$110</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>$648</td>
<td>Hospitals</td>
<td>$252</td>
<td></td>
</tr>
<tr>
<td>5000+ Employees</td>
<td>$576</td>
<td>5000+ Employees</td>
<td>$560</td>
<td></td>
</tr>
<tr>
<td>Self-Funded</td>
<td>$652</td>
<td>Self-Funded</td>
<td>$611</td>
<td></td>
</tr>
<tr>
<td>Regional or Performance Network Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser HMO</td>
<td>$560</td>
<td>Regional or Performance Network Plans</td>
<td>$648</td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>$252</td>
<td>Hospitals</td>
<td>$252</td>
<td></td>
</tr>
<tr>
<td>5000+ Employees</td>
<td>$560</td>
<td>5000+ Employees</td>
<td>$648</td>
<td></td>
</tr>
<tr>
<td>Self-Funded</td>
<td>$652</td>
<td>Self-Funded</td>
<td>$611</td>
<td></td>
</tr>
<tr>
<td>Qualified High Deductible Health Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Independence HSA Plan, $0</td>
<td>$436</td>
<td>Qualified High Deductible Health Plans</td>
<td>$472</td>
<td></td>
</tr>
<tr>
<td>Kaiser HMO Low Plan, $0</td>
<td>$472</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td>$436</td>
<td>Hospitals</td>
<td>$472</td>
<td></td>
</tr>
<tr>
<td>5000+ Employees</td>
<td>$472</td>
<td>5000+ Employees</td>
<td>$472</td>
<td></td>
</tr>
<tr>
<td>Self-Funded</td>
<td>$472</td>
<td>Self-Funded</td>
<td>$472</td>
<td></td>
</tr>
</tbody>
</table>

Note: "ID" means there was insufficient data to calculate the benchmarks for that peer group.
Observation:
AHS Plans total cost of healthcare to employees is consistently lower than the Peer Groups.

Total Employee Cost

Plan richness determines the employees’ out-of-pocket costs. Combined with the payroll contributions, you get the total expected cost of healthcare for your average employee.

<table>
<thead>
<tr>
<th>Average Total Monthly Cost</th>
<th>Individual Coverage</th>
<th>Average Total Monthly Cost</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freedom of Choice Plan</td>
<td>$212</td>
<td>Freedom of Choice Plan</td>
</tr>
<tr>
<td></td>
<td>Independence HSA Plan</td>
<td>$143</td>
<td>Independence HSA Plan</td>
</tr>
<tr>
<td></td>
<td>Kaiser HMO Low Plan</td>
<td>$109</td>
<td>Kaiser HMO Low Plan</td>
</tr>
<tr>
<td></td>
<td>Kaiser HMO Mid Plan</td>
<td>$141</td>
<td>Kaiser HMO Mid Plan</td>
</tr>
<tr>
<td></td>
<td>Kaiser HMO High Plan</td>
<td>$194</td>
<td>Kaiser HMO High Plan</td>
</tr>
<tr>
<td>Peer Group Average</td>
<td>$247</td>
<td>Peer Group Average</td>
<td>$2037</td>
</tr>
<tr>
<td>Hospitals</td>
<td>$231</td>
<td>Hospitals</td>
<td>$835</td>
</tr>
<tr>
<td>5000+ Employees</td>
<td>$226</td>
<td>5000+ Employees</td>
<td>$862</td>
</tr>
<tr>
<td>Self-Funded</td>
<td>$248</td>
<td>Self-Funded</td>
<td>$942</td>
</tr>
</tbody>
</table>

Employee Payroll Contribution
Employee Out-of-Pocket Cost (deductible, copay, coinsurance)

GOAL: Offer at least one plan with a Total Employee Cost lower than the Peer Group Average for singles and for families.

RESULT: One or more plans meet or exceed the goal for both singles and families.

Note: “ID” means there was insufficient data to calculate the benchmarks for that peer group.
**Observation:**

AHS Plans total cost of healthcare by plan type to employees is consistently lower than the Peer Groups.
AHS Benefits Update
October 2023

AHS 2023 Health Plans –
2024 Open Enrollment Activity
# AHS OE/Virtual Fair/In Person Fair Schedule

**October 2023**

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Virtual Fair (Intranet Based) – GO LIVE Through 12/31/2024</td>
<td>In-person OE Fair Highland Hospital 11:00-4:00</td>
<td>Newark Wellness Pop-Up Booth Large Conf. Rm. 110-1p</td>
<td>In-person OE Fair Fairmont Hospital 11:00-4:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>In-person OE Fair Alameda Hospital 11:00-4:00</td>
<td>Hayward Wellness Pop-Up Booth Conf. Rm. 263 11:30a-1:30p</td>
<td>In-person OE Fair San Leandro Hospital 11:00-2:00p</td>
<td>General Of Webinar (hosted by USI) 10:00-11:00</td>
<td>Eastmont Wellness Pop-Up Booth Maxwell Conf. Rm. Suite 100 11a-1p</td>
<td>Kaiser Webinar 2:00-3:00</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>Open Enrollment Begins</td>
<td>System Support Center Pop-Up Booth (SSC employees only) Serving All Conf. Rm. 110-1p</td>
<td>Fork Bridge Wellness Pop-Up Booth Conf. Rm. 10a-12p</td>
<td>Kaiser Webinar 11:00-12:00</td>
<td>HealthComp Webinar 11:00-12:00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>General Of Webinar (hosted by USI) 2:00-3:00</td>
<td></td>
<td></td>
<td></td>
<td>Open Enrollment Ends</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
AHS Open Enrollment 2024

The Open Enrollment (OE) period runs October 16 to October 27, 2023. Expect your open enrollment packet during the week of October 9, 2023. Carefully review all benefits materials to make informed enrollment decisions. The benefits you elect during this time will become effective January 1, 2024. OE is passive and no action is required unless you wish to make changes to your current benefits. If you are participating in Share the Savings, Medical and/or Dependent Flex Spendings, you must re-enroll for the new year plan.

We know how important the healthcare experience is for you and your family, so we are hosting the following events in-person and virtually to help guide you through the open enrollment process:

**Virtual Fairs/Webinars**
- October 12, 10 a.m. to 11 a.m. - General Open Enrollment Webinar (hosted by USI)
- October 13, 2 p.m. to 3 p.m. - Kaiser Permanente Webinar
- October 16, 10 a.m. to 11 a.m. - General Open Enrollment Webinar (hosted by USI)
- October 17, 2 p.m. to 3 p.m. - HealthComp Webinar
- October 18, 11 a.m. to 12 p.m. - Kaiser Permanente Webinar
- October 20, 11 a.m. to 12 p.m. - HealthComp Webinar
- October 25, 2 p.m. to 3 p.m. - General Open Enrollment Webinar (hosted by USI)

**In-Person Fairs**
- October 3, 11 a.m. to 4 p.m. - Wilma Chan Highland Hospital Campus - HCP Room D&E
- October 5, 11 a.m. to 4 p.m. - Fairmont Hospital OE Fair - Main Dining Room
- October 9, 11 a.m. to 4 p.m. - Alameda Hospital OE Fair - Conference Room A
- October 11, 11 a.m. to 2 p.m. - San Leandro Hospital - ED Center & HR Conference Room

**Pop-Up Booths**
- October 4, 11 a.m. to 1 p.m. - Newark Wellness - Large Conference Room
- October 10, 11:30 a.m. to 1:30 p.m. - Hayward Wellness - Conference Room 2 & 3
- October 12, 12 p.m. to 2 p.m. - John George - Room 117
- October 13, 11 a.m. to 1 p.m. - Eastmont Wellness - Maxwell Conference Room, Suite 100
- October 17, 11 a.m. to 1 p.m. - System Support Center - Serving All Room (SIC employees only)
- October 18, 10 a.m. to 12 p.m. - Park Bridge Wellness, Conference Room

hrservicecenter@alamedaahealthsystem.org | 510-346-7557
On behalf of the entire AHS Benefits team....

Thank you!
Questions?
Amal Sharif (HEAL Program Alum)
Radiology Aide, Highland Hospital
HealthPATH
A Career Development Program of Alameda Health System

Through internships, volunteer opportunities, and other work-based learning experiences, youth and young adults—from middle school through early adulthood—gain firsthand knowledge of healthcare careers and interact with caring professionals who give their time to mentor the next generation of healthcare workers.
HealthPATH offers learning and professional opportunities from middle school through young adulthood.

**A CONTINUUM OF PROGRAMS**

1. **Young Men of Color Internship**
   - 100 Students Served

2. **HEAL Program Internship**
   - 1,636 Students Served

3. **On-Ramp to Health Careers Internship**
   - 26 Students Served

4. **Gateway to Health Careers Internship**
   - 63 Students Served

5. **Next Level Youth Program**
   - 8 Students Served

6. **CNA Highway to Work Program**
   - 12 Students Served

7. **ER Tech Highway to Work Program**
   - 10 Students Served

8. **Community Health Worker Apprenticeship in development**

**Programs by Stage**

- Middle School
- High School
- College
- Transition Age Youth
- Employment
An Overview of Students Served

• From the inception of HealthPATH in 2015 to current, **1,855** students were served.
• Students Surveyed as of Fall 2023: **64**
Jonathan
HEAL Program 2016
Since 2020
Registered Dental Assistant
Eastmont Wellness Center

Carmen
HealthPATH Intern 2018
Since 2019
Patient Relations Manager
Patient Relations

Andrea
Gateway to Health Careers Internship 2022
Since 2022
Labor Relations Assistant
HR Labor Relations

Vineet
On-Ramp to Health Careers Internship 2022-2023
Since 2023
Medical Assistant
Ambulatory, Adult Medicine

Amal
HEAL Program 2016
Since 2021
Imaging Aide
Radiology & Imaging

Carmen
HealthPATH Intern 2018
Since 2019
Patient Relations Manager
Patient Relations
HealthPATH

A Career Development Program of Alameda Health System

VISIT THE HEALTHPATH WEBSITE: http://healthpath-ahs.org/

FOR MORE INFORMATION

Joilah James
Manager of Operations
jjames@alamedahealthsystem.org

Joseph Peters
Manager of Programs
jpeters@alamedahealthsystem.org

CONTACT INFORMATION:
ADDENDUM: ABCs of Communication
Agreements for Better Communications and Processes

**Prevailing Premise:** Effective organizational communication creates trust and supports business objectives.

1. Trustee responsibility includes overseeing effective operations in order to ensure accountability and effective delivery of care. The Board is the entity that is responsible for compliance with laws and policies. The Board must always act in a manner that supports the organizational mission and meets the needs of patients while ensuring the organization’s sustainability.

2. Individual Trustees have limited power. The source of trustee power comes from the Board as a whole (the majority); the same principle applies to trustee authority within committees. To ensure accountability and eliminate duplication, requests to staff for specific future action, reports etc., must come through formal consensus of the majority or formal motion. Staff responding to “individual” requests for data or documents can be accommodated only if the work required is limited and the information is readily available.

3. Trustees are expected to come to meetings prepared to participate and act if necessary. A Trustee who has a question about an agenda item should seek clarification with the appropriate staff prior to the Board meeting. When concerns remain after staff input, the trustee should advise the chair and staff that he/she may raise the issue in the public meeting.

4. If one Board member requests information about an issue that may be of concern to other board members, the CEO or staff will provide a timely response, sharing the query and the analysis with all members of the board. The Clerk of the Board is the “gatekeeper” for all communications; thus, she should be informed of communications going to and from the Board from staff or other agencies.

5. It is the responsibility of individual trustees to notify Clerk of the Board in the event of an anticipated absence at a meeting or scheduled event.

6. Within the first year of appointment, every Board member should have visited/toured at least 90%, if not all, the sites which formally fall with the AHS system.

7. Meetings dates for standing committees and Board Meetings, once set, should not be moved unless extreme emergency. Should such emergency occur, changes go to the Clerk of the Board who distributes to all Trustees.

8. It will be the responsibility of the Board Chair to conduct a time efficient and effective public meeting where respectful discourse can occur without personal attack and disrespect.
9. All items from staff to be included on/in Board agenda or packet must be in the hands of the clerk and submitted by the specified time or they cannot be included. Addendums should not be posted after formal agenda is posted.

10. Service and program changes that may be expected to have a patient and/or staff impact should always be brought to the board for review and approval. Service expansions, additions and reductions, and new or revised provider contracts should also be vetted with the board of trustees.

11. Staff should always provide the most timely information in the initial agenda packet and avoid supplemental materials distributed at the meeting whenever possible. When updated materials are necessary due to changing environmental conditions staff should include narrative explaining any changes from original documents.

12. A Board tracking system and action calendar will be developed and will become a formal part of each Board agenda.

13. A common template for all information supporting agenda items will be consistently used. A template for “committee reports” should also follow a common format so all reports have same or similar elements. Reports for action by trustees should always include certain details as determined by the board depending on environmental conditions. Such considerations should include financial impact, safety, staffing and alternative options.

14. Committee reports should be drafted by the committee chair or other trustee committee member with input from staff. Written committee reports will appear in the agenda packet under committee reports.

15. The AHS CEO should identify which staff have permission to contact trustees directly regarding AHS business. Staff should go through CEO before contacting individual BOT members; and notify CEO after communication.

16. Timeline / tracking system for significant Board reports should be developed so public and Board knows when to expect such report. Committee work plans and timelines should be driven by Board Meeting timelines and dates, not the reverse.

17. The CEO must commit to and produce weekly updates highlighting issues and progress throughout the system.

18. Staff working with AC Supervisors should immediately report contacts to CEO and Trustees (Friday updates good place for inclusion). Communications between AHS and Alameda County staff is welcomed, and staff should ensure that significant requests for information from the Board of Supervisors is always approved by the Board or, in some cases the Board Chair, before submission to supervisors. The information sharing is critical whenever staff is responding to requests from the BOS Health Committee.
ADDENDUM: HR Committee Charter
Appendix I

HUMAN RESOURCE COMMITTEE CHARTER

5. Membership.

5.1. Trustees. The committee will be comprised of up to four (4) Trustees.

5.2. Staff Liaison. Human Resources Executive.

6. Meetings.

Committee meetings will be scheduled quarterly. Meetings of the HR Committee are subject to the agenda/notice requirements of the Brown Act.

7. Purpose/Goals/Responsibilities

- Labor Relations: Review reports on the status of relationships with bargaining units. Discussion of collective bargaining, including economic authority, shall be reserved to the full Board.

- Employee Engagement: Monitor progress of employee engagement improvement plans. Oversee implementation of strategies for recruitment and retention of highly-trained, motivated and skilled employees.

- Employee Safety: Insure compliance with workplace safety obligations.

- Benefits: Approve or take such other action related to benefit plans as required by law. Oversee development of long-range strategy regarding retirement benefits. Review employee compensation and benefit structures.

- Policies: Review HR policies as appropriate.

8. Reporting to Full Board

The Human Resources Committee will report to the full Board at the next Board meeting following the meeting of the Committee.